

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>map</i>		<i>11/28/00</i>
O.I.P.E. CLASSIFIER		<i>5-1</i>	<i>3/14/00</i>
FORMALITY REVIEW	<i>HC</i>	<i>71470</i>	<i>3/2/00</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 - Restricted

N Non-elected
 I Interference
 O Objection

BEST AVAILABLE COPY

Claim	Date	Claim	Date	Claim	Date
Final	Original	Final	Original	Final	Original
1	5/1/00	51		101	
2	5/1/00	52		102	
3	5/1/00	53		103	
4	5/1/00	54		104	
5	5/1/00	55		105	
6	5/1/00	56		106	
7	5/1/00	57		107	
8	5/1/00	58		108	
9	5/1/00	59		109	
10	5/1/00	60		110	
11	5/1/00	61		111	
12	5/1/00	62		112	
13	5/1/00	63		113	
14	5/1/00	64		114	
15	5/1/00	65		115	
16	5/1/00	66		116	
17	5/1/00	67		117	
18	5/1/00	68		118	
19	5/1/00	69		119	
20	5/1/00	70		120	
21	5/1/00	71		121	
22	5/1/00	72		122	
23	5/1/00	73		123	
24	5/1/00	74		124	
25	5/1/00	75		125	
26	5/1/00	76		126	
27	5/1/00	77		127	
28	5/1/00	78		128	
29	5/1/00	79		129	
30	5/1/00	80		130	
31	5/1/00	81		131	
32	5/1/00	82		132	
33	5/1/00	83		133	
34	5/1/00	84		134	
35	5/1/00	85		135	
36	5/1/00	86		136	
37	5/1/00	87		137	
38	5/1/00	88		138	
39	5/1/00	89		139	
40	5/1/00	90		140	
41	5/1/00	91		141	
42	5/1/00	92		142	
43	5/1/00	93		143	
44	5/1/00	94		144	
45	5/1/00	95		145	
46	5/1/00	96		146	
47	5/1/00	97		147	
48	5/1/00	98		148	
49	5/1/00	99		149	
50	5/1/00	100		150	

If more than 150 claims or 10 actions
staple additional sheet here

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